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Honorable Carol Liu
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Honorable Jim Beall
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SUBJECT: Oversight of California's Regional Centers
Senate Committee on Human Services and Assembly Committee on Human
Services
November 4, 2010

Dear Senator Liu and Assemblyman Beall,

My name is Sheryl Logan. I was the first person to testify during the public testimony at the hearing. I had brought my tall, string-bean son with me to the table. I have never testified before, but, because the Regional Center system saved my family, I have a great deal of respect for it and am willing to step outside my comfort zone to try to ensure that it is available for others, too. I am speaking as a parent, not as a representative of the Regional Center.

As I am sure you could tell, that hearing was also waaaaayyyyy outside my son's comfort zone, but he was willing to come because I told him it would add strength to our testimony to have him there. I don't think I will ever get him to do it again. He was having a hard time holding it together by the end of the session. We even had to go home, instead of explore Sacramento, because he was getting close to being unable to control his composure. Attached to this e-mail is a profile of my son, to help you understand what it took for him to come to the hearing.

In my verbal testimony I told you that I am the parent of a client of the San Gabriel Pomona Regional Center. We came to the system rather late. Glen was 15 when we first received services and those services saved our family. As a result, I wanted to volunteer to serve the San Gabriel Pomona Regional Center. I started by becoming the member of a board committee. I now chair that committee, am on the executive board, and the ARCA delegate for our Regional Center. I am also a small business owner, which gives me some time flexibility.

I would like to present two points in this testimony"

1. My respect for the San Gabriel Pomona Regional Center
2. My concerns regarding over regulation and conviction that the Regional Centers need to continue to be under local control.
3. Implementation of the "Least Costly" regulation as requested by BSA.

1. My respect for the San Gabriel Pomona Regional Center

All in all, I have found the San Gabriel Pomona Regional Center (SGPRC) responsive to my family's individual concerns, the concerns of the Board of Directors, the concerns of the vendors, and the concerns of the SGPRC staff. Though it is not a perfect system, I can't fathom of a system that can do a better job.

I have found a willingness in my son's Service Coordinators to think outside the box; to work hard to find a way to meet a need. The regional center was flexible. The first service we received was an unusual type of respite in order for me to be able to get a break. This was in conjunction with behavioral therapy in our home. We, as a family, met our 3 year goals in the first year. I have truly felt that the regional center is our access point to services, not a gatekeeper. We had never been able to find the appropriate support on our own.

The environment fostered at SGPRC is one of a team. This can be seen in the commitment and contentment of the employees. It can be seen in the willingness of some of the vendors to hold back their billing during the financial crisis in the last months. It can be seen in the way that many clients and families voluntarily accepted cuts in services and hours prior to last year's trailer bill being enacted.

Of course there have been complaints by some, but the resolution rate is very high. Normally the number of hearings requested is quite low. Because of the recent cutbacks in respite and social/recreational services, it is higher than normal.

Again, all in all, even though I don't always agree with everything, I have a great deal of respect for SGPRC under the direction of Keith Penman. As a result of the BSA report, we have implemented the same employee survey to the staff of SGPRC. We are eagerly awaiting the results. We expect them to be positive, but also to show where we can make improvement.

2. My concerns regarding over regulation and conviction that the Regional Centers need to continue to be under local control.

Sometimes people have the idea that the Board of Directors are rubber-stampers. I can assure you that is not the case at SCPRC. If you could only have heard my presentation at the last ARCA meeting. Our board wanted ARCA to do something with the Housing Principles that our Director Keith Penman did not agree with. Keith, of course, accepted the will of the board.

From my discussions with other parents and clients who are on the boards of directors of the various regional centers, it seems as if most of the regional centers seem to have an active, passionate, and directive boards.

Regulations have often made it difficult to do things in a responsible way. For example, the law says that if an agency meets the minimum requirements, they must be vendored. This does not mean, however, that they will be referred or chosen by the family/client. Sometimes there are too many vendors in a certain service area. When a new vendor pops up, over saturating the market, they may not find their endeavor successful in comparison with those services which have established reputations and proven success records. The Regional Centers are often blamed for this.

Another example: Every person in an independent living situation must receive an in-home visit quarterly by their Service Coordinator. This is true whether a person has lived independently for one year or 30 years; whether they are stable or not. This regulation no doubt came about because someone (or few), somewhere had a problem that did not get noticed in a timely manner. However, someone who is quite stable and independent often does not want quarterly visits. One of our Board Members who is also a client has made an effort to get that rule changed. He thinks it is a waste of valuable resources; tax dollars, his time and the Regional Center's time.

In my opinion, this local board control with fewer state wide regulations provides the most flexibility for the clients to receive services most suitable to their needs. It provides the option for creative responses that can then be shared with other clients and other regional centers. We can also learn from failures on the smaller scale. Something attempted on a local level may not succeed as spectacularly and as quickly, but it also does not cause a catastrophic failure throughout the state.

3. Implementation of the "Least Costly" regulation as requested by BSA.

This system is extremely complicated. There are so many requirements from multiple agencies for documentation of so many different components. Moreover, each client may be receiving multiple services that fit under multiple categories of documentation. There are also rate limits, averages, means, maximums, and minimums for the different categories of service. This system provides individualized services, so it is very difficult to compare apples to apples.

This seems to be most true for a residential client. Here is an example: One client in an environment may be receiving 3 times a week behavioral services, 24 hour supervision, 1 time a week physical therapy, day program, daily transportation, monthly medical support, psychiatry and genetic services. Some of these services come directly from the residential program and others from other vendors. Another person in the same environment may be in a supported employment program and one time a month behavioral services. The supported employment program may be providing the majority of their transportation needs. Obviously, the rate paid to the residential program will be vastly different for each client. "Least costly" will be very difficult to compute.

Then add the fact that some residential programs have on-site staff for services that other residential program to not have on-site staff. This service will then have to be contracted separately and may then need to include additional transportation costs and additional hours of supervision from staff. What appears to be the least costly, actually ends up more costly, more complicated, more stressful for the client and the staff, can cause more behavioral problems, etc.

Okay, now add the fact that the different vendors have different regulated rates because of the different times and rate systems their programs were developed under. (This is another example of over-regulation causing more expense rather than less. The time spent by regional center staff, DDS, and the vendors in managing this complicated rate system is expensive.)

One more factor: What has then happened to the right of the client to choose, as mandated in the Lanterman Act?

Assemblyman De La Torre mentioned that determining the least costly option should not prevent clients from getting services in a timely manner if it is done after the services begin. That would mean that the Service Coordinator (and their supervisor) used common sense in determining the best options based upon experience with the various vendors and various needs of the client. Then they would have to write proof that the options selected were the 'least costly' options. If their common sense is proved to be incorrect, then what?

In my opinion, "least costly" should be administered in a common sense methodology in conjunction with all of the other factors that need to be considered, not a regulatory methodology. There will be abuses and failures, but I believe that more people will be served better using less funds if the common sense approach is used. That means local control rather than state control, as is mandated in the Lanterman Act.

Conclusion

The BSA report did show some problems. Those problems are in the process of being corrected. I have been impressed with the cooperative ability between Terri Delgadillo of DDS and the Regional Centers to quickly make the necessary changes to improve the system. As a parent of a child with a developmental disability and a taxpayer, I appreciate the audit showing places where the system can be improved so it can be held more accountable. The whistleblower policies, the codes being added to the internal audit, the requirement for a stated RFP process, and the push toward uniform "best fiscal practices" are all examples of positive changes to the system.

However, I encourage the committee to consider value of differences in the Regional Centers. For example, Inland Regional Center's weaknesses were picked up by clients, families, employees, vendors, and local legislators. As a result, changes are being made to that program. That is the system working the way that it should. But it was not regulatory oversight that found the weaknesses. It was the people close to the system. I believe more state regulatory oversight will distance the clients, families, employees, vendors, and local legislators from the process that is causing the problems to be fixed.

From what I have observed, there is an abundance of oversight of the regional centers, service providers and the services provided in multiple ways through DDS, the Area Boards, the federal government, advocacy groups, and coordinating committees. There is oversight of the dollars spent through DDS, which has the responsibility of public disclosure. (However, technology improvements could play an enormous role in improving understanding of how the strengths and weaknesses of the various regional centers can be observed and learned from.) As a parent of a person with a developmental disability and a taxpayer, I really don't want to see more time

and money spent on regulatory oversight. I very much respect and appreciate the system and want it to become even more effective and efficient. I believe that local oversight is the best avenue to that end.

Any errors are my own. It is a complicated system and sometimes I am surprised by what I have misunderstood. However, I have worked hard to understand the issues and have been told that I have done well.

Thank you for reading to the end of this testimony. I know it is long and you have more than enough to do, so my appreciation for you making it to this point is quite high.

Respectfully,
Sheryl Logan